

New Jersey Government Records Council

Denial of Access Complaint

Please read these instructions before completing this form:

- This form is to be used only for claims of denial of access to public records that you want the Government Records Council (GRC) to decide. Your request must have been made on or after July 8, 2002 under “OPRA,” the Open Public Records Act (N.J.S.A. 47:1A-1 et seq.).
- If you believe you have wrongfully been denied access to a public record under OPRA, you may ask the GRC staff for informal assistance in resolving the matter by calling 866-850-0511, by e-mail at grc@dca.state.nj.us, or by writing to the GRC at P.O. Box 819, Trenton, NJ 08625. If a resolution cannot be reached or if you do not wish to consult the GRC staff, you may EITHER file this Complaint with the GRC or seek relief from the Law Division of Superior Court, but not both.
- Please print or type your responses, and provide ALL information requested. Incomplete forms will delay processing. This form is available in downloadable format from the GRC web site at www.nj.gov/grc.
- Only one complaint is required for each OPRA request form, regardless of the number of documents sought in the request.
- *The GRC recommends that you send the Custodian listed in Section 2 a copy of this complaint and that you keep a copy for your own files.*

1. About the Requester of the Documents:

Full Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP _____

Please provide a phone number at which GRC staff can contact you between 8 A.M.-5 P.M., Monday-Friday: _____

E-Mail Address (optional): _____

If you are represented by an attorney, please provide:

Name: _____ Phone Number: _____

Should we contact your attorney for further information on this Complaint? Yes ☐ No ☐

2. About the Custodian of Records:

Name of the public agency from which records were sought: _____

Name of custodian on whom records request was served: _____

Telephone Number: _____ E-Mail address (if used): _____

Name of custodian who denied records request: _____

Telephone Number: _____ E-Mail address (if used): _____

Fax Number: _____

3. About the Record Request:

Date your records request was provided to the custodian: _____

Did you receive a reply to your request?

Yes ☐No ☐

If so, state the date your request was denied: _____

Has there been any other complaint filed with the GRC concerning this record request or any document sought in it?

Yes ☐No ☐

If yes, state the date the Complaint was submitted to the GRC, the case number of the Complaint, and the final disposition of the Complaint, if known.

Date: _____

Case Number: _____

Disposition: _____

Have you ever before spoken with or written to the GRC or its staff about the record request or any document sought in it?

Yes ☐

Date: _____

No ☐

Have you filed any action with the N.J. Superior Court concerning this record request or any document sought in it?

No ☐Yes ☐

If Yes, Docket Number: _____

4. Documents to submit with this Form:

- ☐ **Complete** the attached **Records Denied List** to describe the records to which you were denied access.
- ☐ **Attach** a copy of the Records Request Form you filed with the public agency and any correspondence between you and the record custodian(s) or staff that concern the portion of your OPRA request that was denied. Be sure to include any e-mail, memoranda, phone messages, or any other documents such as affidavits, or certifications related to the request and the denial.
- ☐ **Summarize** in writing the content, time and date of any conversations regarding this complaint, along with the names of the participants and any witnesses. Use the attached **Detail Summary** for this purpose.
- ☐ **Provide** any written arguments or other information you would like the Council to consider in deciding your complaint.

5. Verification of Complaint:

By signing this complaint, I affirm that:

- I am the person who submitted the OPRA request for records which is the subject of this Complaint;
- The information I have provided is true to the best of my knowledge and belief;
- The documents submitted with this Complaint are true copies of material which I believe is relevant to my claim; and
- I am not seeking disclosure of any personal information pertaining to the victim of any crime committed by me, which is an indictable offense under the laws of the State of New Jersey, or any other State, or pertaining to the family of that victim.

Signature (required)_____
Date**MAIL THIS COMPLAINT AND ALL SUPPORTING DOCUMENTATION TO:**

Government Records Council, PO Box 819, Trenton, New Jersey 08625

The GRC recommends that Requester send the Custodian listed in Section 2 a copy of this complaint.

GRC Use Only

**New Jersey Government Records Council
Denial of Access Complaint - Detail Summary**

**Use this form to summarize the content, time and date of any conversations regarding this complaint,
along with the names of the participants and any witnesses.**

New Jersey Government Records Council
Denial of Access Complaint –Records Denied List

For GRC use only

Name of Complainant: _____

This is Page ____ of ____.

Please fill out this form describing the record (or portion of it) to which access has been denied, the response to your request, including the reason given for denial of access. Submit additional pages if necessary.

Item #	Description of record (or portion)	Response to request